

## REVIEWS OF RECENT BOOKS

LOVE, JAMES KERR, M.D. *The Deaf Child, A Manual for Teachers and School Doctors.* Bristol: John Wright & Sons, Ltd.; 4s. 6d. net, 1911.

"IT will be a great step forward when the physician takes part in the work for defectives who have hitherto been entrusted wholly to teachers in schools. . . . The problems of deafness are deeper and more complex, if not more important, than those of blindness." These two sentences are taken from the quotation from Helen Keller used by Dr. Kerr Love as his "Foreword," and they give the keynote of the whole work. It is a strong and eloquent plea for the co-operation of physician and teacher in the education of the deaf child, and there must be something very wrong with the reasoning powers of the reader who, having studied the book closely and carefully, puts it down unconvinced. Preceded by a sporadic and a systematic period, deaf education has at last entered upon a third, or clinical period, in which the medical expert in deafness and psychology brings to bear his exceptional knowledge and, with the light of his science, illumines those darker portions of the deaf child's mind with a brilliance which the pedagogic candle has hitherto largely failed to penetrate.

Commencing with an instructive introductory chapter, in which the progress of deaf education from its inception in the XVIth century is clearly shown and compared with that of normal children (not a very edifying description for education) during the same period, Dr. Love proceeds concisely to notice the physiology of hearing and the causes of deafness. In his third chapter, perhaps the most important in the whole work, he describes the operation of the language centres in normal and abnormal children in so clear and masterly a manner that none but an inexperienced, narrow-minded, or axe-grinding opponent could fail to see the importance of speech to the deaf and the pre-eminence of the oral system above all others. In this chapter are evolved six general principles, at least one of which is of eugenic importance. "Mentally deficient children offer a different problem to the educator. . . . The great need of the moment is to recognise their limitations. The deaf who are also mentally deficient cannot be taught orally, and *should reside permanently in institutions, even during their adult life.* (The italics are ours.) The same provision should be made for the blind who are mentally deficient. The mentally deficient who both hear and see should, if they make slow progress—progress so slow that it offers no prospect of their becoming self-supporting—also be provided for permanently in asylums." With the suggestions contained in these sentences we are heartily in accord.

A short chapter follows upon deafness in school children, in which it is insisted that the semi-deaf and semi-mute should continue in the home and attend a day school. It may be said at once that Dr. Kerr Love, although he fully recognises and appreciates the splendid work done by the institutions for the deaf in the past, is a strong and logical advocate for the day-school system when dealing with the normal deaf child.

The present condition of deaf education is dealt with next in a long and interesting chapter, describing the measures taken in dealing with thi<sub>s</sub>

matter by Germany, Austria, Denmark, Schleswig-Holstein, the United States, Great Britain and Ireland. It is interesting to note how the good of the community is interfered with by the selfishness of the individual; Thomas Braidwood, who established a deaf school, first in Edinburgh and then in London, kept his methods secret in order that none should benefit but himself. This contributed largely to the retardation of deaf education in Great Britain. It is encouraging to find that the results in the schools under the London County Council are amongst the best in the kingdom as regards general mentality and the use of language. The review of this chapter is alike instructive and interesting. It shows how widely opinions differ as to deaf education in different parts of the world and it demonstrates clearly how this is due to the fact that the deaf have been, and still are, regarded as a homogeneous class, which they are not. It shows how the advent of a third, or "clinical" period in the history of deaf education is needed to instruct the educationist as to the child's limitations and capacity. Dr. Kerr Love's motto is "*The Deaf Child First*," and the sermon he preaches upon this text is consistent, clear, and (unlike most sermons) strictly logical and convincing.

The sixth chapter concerns methods of education, and systems, institutions and day-schools, are well described and compared, the needs of British Deaf Schools being clearly and concisely formulated.

Dr. Kerr Love's work is an important addition to the literature of education, it is fascinating in the clarity and logic of its arguments, and it is a fitting monument of its author's whole-hearted and persistent endeavours to ameliorate the condition of the deaf child.

MACLEOD YEARSLEY.

**Macilwaine, SIDNEY W., M.R.C.S., L.R.C.P. (retired).** *Medical Revolution: A Plea for National Preservation of Health based upon the Natural Interpretation of Disease.* London: P. S. King & Son; 2s. 6d. net, 1911.

THE title of this book is very attractive and is especially so to the reviewer, as he has frequently advocated the comprehensive study of preventive medicine as opposed to the mere treatment of disease. After reading this book from cover to cover we have failed to find any revolution worthy of notice, but instead we find a retrogression which if adopted would tend to place medicine in a worse position than that which it occupied in the dark ages. We are almost forced to conclude that this is the work of a Rip Van Winkle who has been asleep since the days of Hippocrates whom he professes to admire, but he shows no greater knowledge of the works of that ancient physician than he does of modern medicine. He condemns pathology and specialism in a wholesale manner, and thinks that each individual attack of disease should be studied with a view to finding out its cause, and would apparently neglect treatment until such cause had been discovered, but his methods of discovery would lead to more illusory causes than his "Symptom groups," which he calls "illusory diseases." There never was a period in the history of medicine when the causation of disease was more closely studied than it is at present, and it is studied as it should be studied with the view of preventing disease and not merely for its cure. The study of the causation of malaria has led to an enormous reduction in the incidence of the disease, but it has not added one iota to the treatment.

From the foregoing remarks it may be at once concluded that we very considerably discount the mighty high opinion which he holds of himself when he says: "No one denies that my scheme of medicine is an ideal, the ideal one, that must ultimately be adopted."

"Disease,—lack of health—arises in consequence of the occurrence of certain natural processes; to observe and record these processes is the scientific duty of the physician. Experience has shown that this vast array